

CLAIMS ONLY							Application Number 10 723 019		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	←		←		←		Total Indep	←		←
Total Depend		←		←		←	Total Depend		←	
Total Claims							Total Claims			